

HOW DO YOU CONTACT US TO USE YOUR RIGHTS OR TO COMPLAIN?

Please call or write us if you want to use any of the privacy rights explained in this Notice or if you believe that we have not protected your privacy and wish to complain. Write to:

Privacy Officer
CA Department of Health Services
P.O. Box 942732
MS 4722
Sacramento, CA 94234-7320
(916) 255-5259 or (877) 735-2929 TTY/TDD

or

Secretary of the U.S. Department of Health
and Human Services
Office for Civil Rights
Attention: Regional Manager
50 United Nations Plaza, Room 322
San Francisco, CA 94102

For additional information, call:
(800) 368-1019

or

U.S. Office for Civil Rights at
(866) OCR-PRIV (866-627-7748)
or (866) 788-4989 TTY

NO RETALIATION

ADAP cannot take away your health care benefits or do anything to hurt you in any way if you file a complaint or use any of the privacy rights in this Notice.

QUESTIONS

If you have any questions about this Notice and want more information, please contact the Privacy Officer, Department of Health Services, listed above.

CHANGES TO NOTICE OF PRIVACY PRACTICES

ADAP must obey the rules of this Notice starting April 14, 2003. We have the right to change our privacy rules. If we do make changes, we will rewrite this Notice and give it to you right away.

To get a copy of this notice in other languages, Braille, large print, audiocassette or computer disk, please call or write the Privacy Officer at the number or address listed in this Notice.

California Department of Health Services



Message From ADAP

NOTICE of PRIVACY PRACTICES

Effective April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

PLEASE REVIEW IT CAREFULLY.

HOW WE MAY USE AND SHARE YOUR INFORMATION

The ADAP may only use and share information about you in running ADAP. This information includes things like your name, address, personal facts, medical history, and medical care given to you. We use this information and share it with others for the following reasons connected with the operation of ADAP:

- **For Payment:** ADAP and others that work with us review, approve, and pay for pharmacy bills sent to us for your medical care. When we do this, we share information with the pharmacists and doctors and others who bill us for your care.
- **For health care operations:** ADAP may use your health records to check the quality of the prescription drug treatment you receive, and to check your medical need to get restricted ADAP drugs. We may also use this information in audits or fraud investigations, or for planning and managing the ADAP program.

SOME OTHER WAYS WE MAY SHARE YOUR INFORMATION

The law allows ADAP to use or give out information we have about you for the following reasons:

- To call or write to you about your benefits with ADAP.
- When required by law, such as in response to a court order.
- To agencies that oversee the health care system, for audits and investigations.
- In appeals of decisions about health care claims paid or denied by ADAP.
- To the federal government when it is checking on how we are meeting privacy laws.

- To other government agencies that give public benefits, such as Medi-Cal.
- To gather information which can no longer be traced back to you.

We may give out health information about you to organizations that help us run our program, like by paying claims. If we do, we will make sure that they protect the privacy of your information we share with them.

WHEN WRITTEN PERMISSION IS NEEDED

ADAP may use or share your information in limited ways. If we want to use your health information in a way not listed above, we must get your permission in writing. If you give permission, you may take it back in writing at any time.

WHAT ARE YOUR PRIVACY RIGHTS UNDER THE LAW?

You have the right to:

- Ask us not to use or share your personal health care information in the ways listed above. We may not be able to agree with your request.
- Ask us to contact you in writing only or at a different address, post office box, or by telephone. We will accept reasonable requests if needed for your safety.
- To see and get a copy of your ADAP information. You may have someone else see and get a copy of your ADAP information. ADAP has information about your eligibility, your health care bills, and some medical records that we use to allow or manage your health care services. You will need to pay a fee for us to copy and mail the records. We may keep you from seeing all or parts of your records when the law allows. If we do, we will give you information on how to appeal our decision.

- To change the records if you believe some information we have about you is wrong. We may deny your request if the information was not made or kept by ADAP, or the information is already correct and complete. If your request is denied, you may write a letter disagreeing with our decision, and your letter will be kept with your records.

◀◀◀ IMPORTANT ▶▶▶

ADAP DOES NOT HAVE COMPLETE COPIES OF YOUR MEDICAL RECORDS. IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE YOUR MEDICAL RECORDS, PLEASE CONTACT YOUR DOCTOR, CLINIC, OR HEALTH CARE PLAN.

- You have the right to ask for a list of the times when we have shared your health information after April 14, 2003. The list will tell you what information we shared, with whom, when, and for what reasons. The list will not have when we gave information to you, when we had your permission, or when we shared it for treatment, payment, or health care operations.
- You have a right to get a written copy of this Notice of Privacy Practices when you request it.